

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	MUSCOSAL IMMUNOREGULATORY AGENT AND ITS USE
Attorney Docket Number::	ARAI=3A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japanl
Status::	Full Capacity
Given Name::	Norie

Middle Name::
Family Name:: ARAI
Name Suffix::
City of Residence:: Okayama
State or Province of Residence::
Country of Residence:: Japan
Street of Mailing Address:: 2-3, Shimoishii 1-chome, Okayama-shi
City of Mailing Address:: Okayama
State or Province of Mailing Address::
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address::
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Toshihara
Middle Name::
Family Name:: HANAYA
Name Suffix::
City of Residence:: Okayama
State or Province of Residence::
Country of Residence:: Japan
Street of Mailing Address:: 2-3, Shimoishii 1-chome, Okayama-shi
City of Mailing Address:: Okayama
State or Province of Mailing Address::
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address::
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Shigeyuki
Middle Name::
Family Name:: ARAI
Name Suffix::

City of Residence:: Okayama
 State or Province of Residence::
 Country of Residence:: Japan
 Street of Mailing Address:: 2-3, Shimoishii 1-chome, Okayama-shi
 City of Mailing Address:: Okayama
 State or Province of Mailing Address::
 Country of Mailing Address:: Japan
 Postal or Zip Code of Mailing Address::
 Applicant Authority Type:: Inventor
 Primary Citizenship Country:: Japan
 Status:: Full Capacity
 Given Name:: Masashi
 Middle Name::
 Family Name:: KURIMOTO
 Name Suffix::
 City of Residence:: Okayama
 State or Province of Residence::
 Country of Residence:: Japan
 Street of Mailing Address:: 2-3, Shimoishii 1-chome, Okayama-shi
 City of Mailing Address:: Okayama
 State or Province of Mailing Address::
 Country of Mailing Address:: Japan
 Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	Division of	10/169,670	08-07-02
10/169,670	National Stage of	PCT/JP01/09646	02-11-01

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	339753/2000	11-07-00	Yes
Japan	217899/2001	07-18-01	Yes

Assignment Information

Assignee Name::	KABUSHIKI Kaisha Hayashibara Seibutsu KK
Street of Mailing Address::	2-3, Shimoishii 1-chome, Okayama-shi
City of Mailing Address::	Okayama
State or Province of Mailing Address::	
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	